

ATTACHMENT J-0200000-05
FORMS

CERTIFICATION OF WORK

(To be completed by the Contractor and saved in the Contractor's CMMS)

FACID/Building: NY060-01/02 Date of Visit: 3-19-20

Contractor Personnel on Site:

- | | |
|-------------------------|----------|
| 1. <u>Chris Pothier</u> | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

Work Performed:

Preventive Maintenance - Services Completed (Annual, Quarterly, Monthly, equipment identification, etc.)

1. Air Handlers
2. Mini Splits
3. Condensing Units
4. Make up air Units

~~**Inspection, Testing, and Certification**~~

1. Filter Changes
2. Heat Pumps
3. Furnace
4. Vehicle Exhaust Removal

~~**Other Recurring Services**~~

1. Heat Exchanger
2. Cooling tower
3. _____
4. _____

Service Calls – Service Call Number and Description

1. _____
2. _____
3. _____

Over and Above Repair Work – Order Number and Description of Work Completed

CERTIFICATION OF WORK

To be signed by the Contractor:

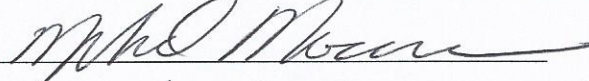
Print Name: Chris Pothier Date: 3-19-20

Signed: 

To be signed by Facility Manager:

I certify that the above named individuals representing the Contractor arrived on site and to the best of my knowledge, completed the stated work listed:

Print Name/Rank: Michael Moseman Date: 3/19/20

Signed: 

E-Mail: Michael.Moseman.ct@mail.com